

A Short Guide to Psychiatric Diagnosis

When we experience mental health problems, and seek help from a doctor, psychiatrist or other health professional, we are likely to be given a diagnosis.¹ This has important consequences, both positive and negative.

This short guide has been produced to help those of us who are given a diagnosis, and those closest to us, to be better informed. We hope it will encourage more meaningful discussions with health care professionals and improve the quality of the help and support on offer. We also hope that it will encourage a much wider debate about how we think about mental health in society at large.

What is a diagnosis?

Medical diagnosis is the process of determining which disease or condition explains a person's symptoms and signs. The information required for a medical diagnosis is typically collected from a history and physical examination of the person seeking medical care.

A psychiatric diagnosis is different - there are often no physical symptoms, nor are there any biological tests conclusive for mental distress. Although tests can be important to rule out underlying physical causes, a health professional making a psychiatric diagnosis has to rely on a person's own description of their thoughts and feelings, alongside observations of their behaviour. In this sense, it is often said that those best placed to make a diagnosis are the people themselves, supported by information and empowered discussion with health care professionals.

What is the purpose of psychiatric diagnosis?

The main purposes of current psychiatric diagnoses are to help health professionals communicate with each other, and to determine which forms of treatment would potentially be best to prescribe.

Some people find receiving a diagnosis helpful and reassuring, while others find it stigmatizing. A diagnosis can be a way of recognising and recording a person's distress and open doors to obtaining help, but it can also lead us to think that our distress comes about as a result of an illness. For some people this might be a helpful way of seeing things, but it is not the only way to make sense of psychological distress.

In the field of mental health, both medical diagnosis and medical treatment are particularly contentious, and can have negative consequences. Psychiatric diagnosis frequently leads to the prescription of medication. Psychiatric medication can bring temporary relief, but it can also have unpleasant or debilitating effects. If these occur, it is very important to discuss them with a doctor. Psychiatric medications can also be addictive; coming off them quickly can either be very unpleasant as the effects of the medication wear off, or can result in a return of the original distressing thoughts and feelings in a worse form.

Anyone experiencing mental distress has the right to be, and needs to be, meaningfully involved at every stage of a medical assessment and potential treatment. You should participate throughout the decision-making processes, discussing and agreeing on the best course of action for you.

¹ People from cultures which have not adopted western psychiatry may not recognise these ways of describing mental distress. This is not necessarily a disadvantage. Studies have shown that recovery rates from what in western terms is called schizophrenia may be better in countries which have not adopted modern western psychiatry. See Richard Warner *Recovery from Schizophrenia*: <http://bit.ly/RichardWarnerRecovery>

Surely modern technology has found physical signs or markers in the brains of people who experience mental distress?

Despite many, often misleading, reports in the media, scientists have yet to discover any genetic markers, chemical imbalances or other differences in brain function which reliably predict or identify mental illness. Clearly there are genetic differences which impact on the way we respond to life events, and distressing experiences can produce consequences in the chemistry of our brains, but this is not at all the same as suggesting that brain diseases 'cause' mental illnesses. Moreover, we do not yet fully understand how brain chemistry is related to distress, and it is therefore difficult to see how we might be able to use this to help people.

Where do psychiatric diagnoses come from?

There are two main sources for the current diagnostic model– the International Classification of Diseases and Related Health Problems (ICD) produced by the World Health Organization and the Diagnostic and Statistical Manual of Mental Disorders (DSM) produced by the American Psychiatric Association. Both have a long history and are constantly being revised. The most recent edition of the ICD is now version 11 which was released in June 2018 and the most recent version of the DSM is version 5 published in 2013.

What is the difference between the ICD and the DSM?

The World Health Organisation's ICD covers all diseases and conditions whereas the American Psychiatric Association's DSM only covers so called 'mental disorders'. Both accept that different forms of mental distress can be categorized as medical disorders.

In practice, the DSM is used by American physicians and by researchers, whereas the ICD is used more in Europe and is sometimes preferred by clinicians as being more practical. However, both are used worldwide and together form the main lens through which mental distress is viewed – the so-called *medical model of mental illness*. Both are also used extensively in insurance-based healthcare systems to establish entitlement to treatment and disability pensions– this often means for many of us that no diagnosis means no treatment or pension.

How are the diagnostic manuals compiled?

Because there are no defining physical or biological markers or tests for mental health difficulties, the manuals rely on the collective opinions of panels of experts who decide how to describe different forms of distress. They compile lists of thoughts, feelings and behaviours which fit the illness they have named and described. These lists in medical terminology are described as *symptoms*. In reality, all of the symptoms are also experienced by people who are not described as mentally ill and for whom the impact on their lives may be temporary or unproblematic.

Why are they being constantly revised?

The continual revision of the manuals is perhaps reassuring - in that it aims to continue to improve practice - but it also reminds us that these diagnoses, at best, reflect how people see things today, in today's society. Experts are continually changing their minds, both about which forms of distress to include and about how to describe the differences between illnesses. A lot of diagnoses are in fact moral judgements reflecting changes to societal values and preoccupations rather than scientific progress.

What are the criticisms of the ICD and DSM manuals?

Critics of the diagnostic approach to mental health problems point to several issues:

- The constant debate about what to include as diagnostic criteria indicates the difficulty in deciding what is a normal human reaction to distressing circumstances or experiences and what is abnormal or a sign of illness,
- “Symptoms” are often overlapping between diagnoses and therefore distinctions between different conditions are unreliable. This can lead to a person receiving a number of different diagnoses which can be confusing and unsettling,
- The combination of opinion with science in psychiatry gives an artificial authority to the medical profession and to medical treatment which their results do not merit,
- Focusing too much on illness and a medical perspective can act as a distraction from other important factors responsible for mental distress such as social and cultural issues.

Are there other ways of thinking and talking about mental distress?

Many people, including psychologists and some doctors are questioning the value of the medical model. This is not in any way to minimise the pain or disruption to peoples' lives but rather to take a less narrow and *one size fits all* view of mental distress. Instead of deciding on a medical diagnosis, alternatives can be discussed between persons experiencing distress and their health professionals.

Rather than asking; “What is wrong with this person?”, clinicians are increasingly giving voice to the question, “What has happened to this individual that they have been unable to cope with?”

This kind of approach, they argue, leads to more personalised help, and means that people are more involved and in charge of their own care - the solutions are more individualised and should be based on the persons will and preferences, as well as their informed consent. They may include short courses of medication to bring relief, but the objective is always about finding what works for this person to recover and rebuild the life they want to lead. They also take into account the fact that we are social beings and that our mental health relies on the relationships and the communities in which we live.

Peer Support

Many people who have received a diagnosis find it helpful to consult others with similar experiences. There are many organisations, led by people with lived experience of mental distress, which offer support, advice and who campaign for better policies in the healthcare and legal systems. Some are mainly concerned with particular forms of distress, such as the Hearing Voices Network, while others represent persons with lived experience who want to improve the way people in mental distress are treated, for example the European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP).

What should I do if I disagree or I am unhappy about the diagnosis or treatment prescribed?

Always talk to your health professional - the process of diagnosis and treatment should be a collaboration, a process of discovery in which your own opinions of what has happened are understood and taken seriously and your preferences regarding treatment are respected. If a treatment is clearly not working for you, say so and ask for changes. Although sometimes difficult, it may be necessary to consult several professionals before finding the right one for you.

Above all, if a health professional tells you that the illness they have diagnosed will be with you for life or that you will never work again or anything to that effect, seek a second opinion immediately.

Notes and further reading

Find out more about psychiatric diagnosis:

Frances, A. (2013). *Essentials of Psychiatric Diagnosis, Revised Edition: Responding to the Challenge of DSM-5®*. Guilford Press. <https://www.amazon.co.uk/Essentials-Psychiatric-Diagnosis-Revised-Responding/dp/1462513484/>

Johnstone, L. (2014). *A straight-talking introduction to psychiatric diagnosis*. Ross-on-Wye, UK: PCCS books. <https://www.amazon.co.uk/Straight-Introduction-Psychiatric-Diagnosis-Introductions/dp/1906254664/>

American Psychiatric Association (APA). (2015). *Diagnostic and statistical manual of mental disorders (5th ed)*. Washington, DC: Author. <https://www.psychiatry.org/psychiatrists/practice/dsm>

World Health Organisation. (2018). *International statistical classification of diseases and related health problems (11th rev.) (ICD-11)*. Geneva: WHO. <http://www.who.int/classifications/icd/en/>

Find out more about some of the criticisms of the diagnostic approach:

Joanna Moncrieff writing for *The Psychologist* magazine: <https://thepsychologist.bps.org.uk/volume-20/edition-5/diagnosis-special-issue-part-3>

Three psychologists and a psychiatrist writing in the journal 'Evidence-Based Mental Health': <http://ebmh.bmj.com/content/16/1/2>

A position paper from the British Psychological Society: <https://www1.bps.org.uk/system/files/Public%20files/cat-1325.pdf>

A personal comment by two psychologists: <https://drive.google.com/file/d/1WcZ0l1DRuAw8nAr-o98ZqKeFnlyd6VES/view>

Find out more about other approaches to helping people who experience severe mental distress:

Johnstone, L. & Dallos, R. (2013). *Formulation in Psychology and Psychotherapy*. Routledge. <https://www.amazon.co.uk/Formulation-Psychology-Psychotherapy-Lucy-Johnstone/dp/0415682312/>

Lehman, P. & Stastny, P. (2016), *Alternatives Beyond Psychiatry*: <http://www.peter-lehmann-publishing.com/books1/without-pdf.htm>

The UK's Royal College of Psychiatrists' guide to formulation: <https://www.rcpsych.ac.uk/usefulresources/publications/collegereports/op/op103.aspx>

The British Psychological Society's guide to formulation: <https://www1.bps.org.uk/system/files/Public%20files/DCP/cat-842.pdf>

Find organisations which offer peer support and advice:

These are usually organised on a local or national basis so it is best to start your search with those in your local area so that you can actually talk with someone who knows what is available. Using terms such as *peer support for mental ill health* or *mental health service user organisations* and your locality into your internet search engine may well be helpful.